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1925-28

HOLLAND COUNTY COUNCIL,
LINCOLNSHIRE.

EDUCATION COMMITTEE.

Annual Report

— OF THE —

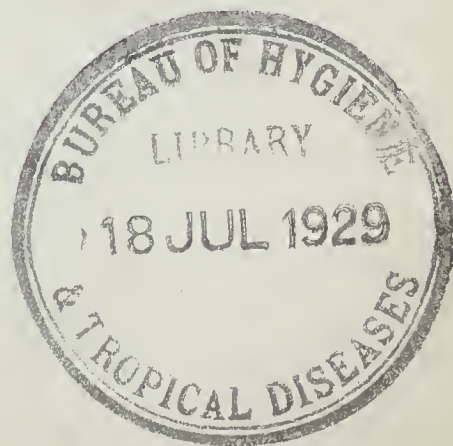
School Medical Officer.

— BY —

H. C. JENNINGS,

M.B., B.S., M.R.C.S., D.P.H.

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MEDICAL INSPECTION SUB-COMMITTEE, 1928.

Councillor S. S. RENDALL, M.B. (Chairman).

Ald. R. COUPLAND.	Coun. R. SALTER.
Ald. F. HOWARD.	Mr. E. H. ANDREW.
Coun. W. A. ATTON.	Rev. H. SPENDELOW.
Coun. T. W. BANKS.	Miss E. M. MAPLES.
Coun. R. GLEED.	Mrs. B. F. RICE.

STAFF OF SCHOOL MEDICAL SERVICE, 1928.

School Medical Officer :—

H. C. JENNINGS, M.B., B.S., M.R.C.S., D.P.H.

Assistant School Medical Officers :—

A. H. KYNASTON, M.R.C.S., L.R.C.P., D.P.H.,

ESTHER ASHWORTH, M.B., B.Ch., D.P.H.

School Dental Officer :—

G. J. S. ROSE, L.D.S., Eng.

Ophthalmic Surgeon (Part Time) :—

W. G. LAWS, Esq., F.R.C.S. (Eng.).

School Nurses :—

Miss BLACK.	Miss O'DONOGHUE
Miss EDGELLER.	Miss PARSONS.
Miss LEWIS.	Miss ROBINSON.

Miss SPENCER.

Chief Clerk :—

W. INGRAM,

STATISTICS BEARING ON MEDICAL INSPECTION.

Area of County 263,120 acres.
 Estimated 1928 Population 88,060.
 Number of School Departments:—

Provided	48
Non-Provided	43
	91

Number of Children on Books (December 31st. 1928)
 11,385 (approx.).

Average Attendance, year ending December 31st, 1928,
10,011.

Number of School Attendance Officers... .. 12.

Cost of School Medical Inspection for year ended
 December 31st, 1928:—

	£	s.	d.
Gross Payments	2751	1	4
Receipts	532	11	10
		9	6
Net Expenditure	£2218	9	6

Grant from Board of Education for year ending December
 31st, 1928 £1109 4 9

General Education Rate, 1928—29 (Elementary) 1s. 8d.

Medical Inspection Rate $\frac{3}{5}$ d. (approx.)

Product of 1d. Rate for Education Purposes ... £1838 5s.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my Report on the work of the School Medical Service during the year 1928.

Steady progress continues to be made which has, of course, necessitated a corresponding increase in the personnel of the department. All the Secondary Schools in the County now have termly Medical Inspections and refusals at such inspections are practically unheard of.

As a result of the increased demand on the part of parents for dental treatment for their children another Dental Surgeon has been appointed, and will commence work early in 1929.

As in previous years the subject of personal hygiene has been specially stressed and much propaganda work has been done in the schools by means of posters, cards and pamphlets. Three copies of a journal "Better Health" are sent to each school every month for circulation amongst the elder children and I understand from many teachers that great use is made of this journal in the systematic teaching of Hygiene. I am greatly indebted to the teachers for the assistance they give in spreading the Gospel of Health.

May I in conclusion thank all members of the staff, professional, nursing and clerical, for their unflagging energy and loyal co-operation during the past year.

I am, Ladies and Gentlemen,

Your obedient Servant,

H. C. JENNINGS.

County Hall,

Boston,

March, 1929.

REPORT FOR 1928.

I.—STAFF—

Medical.

There is no change to report in the personnel of either the Medical or Nursing Staffs. Owing to the rapid growth of the activities of the department the Nursing Staff is barely adequate to cope with the work satisfactorily and the advent of sickness amongst the nurses at once means that much work is left undone. I should like to see at least one more nurse appointed.

II.—CO-ORDINATION—

As the officers are the same for all branches of the health activities of the Council, co-ordination between the School Medical Service and other departments is very much simplified.

III.—SCHOOL HYGIENE—

Improvements

The following table shows the improvements that have been effected to various Schools during the year :—

SCHOOL.	WORK DONE.
Gosberton Clough & Risegate	Installation of "Elsan" Chemical Closets
Holbeach St. Luke	ditto
Spalding Council	Improvements to Central Heating System
Gosberton	Repairs to Central Heating System
Fleet Fen	Asphalting of Playground
Whaplode Shiphay Stow ..	Installation of "Elsan" Chemical Closets
Long Sutton Infants ..	Removal of Two Galleries
Moulton	Repairs to Drainage System
Whaplode Shiphay Stow ..	Provision of New Floor (main class-room)
Gosberton	Repairs to Playground
Surfleet Sea's End	Repairs to Floors
Crowland South View ..	Repairs to Playground
Gedney Drove End ..	Repairs to Playground
Crowland Postland Road and South View Schools..	Installation of Electric Light
Kirton Church End.. ..	Extension of Buildings
Holbeach Bank	Extension of Buildings and Asphalting of Playground
Long Sutton Council ..	Erection of Cycle Shed
Long Sutton Infants ..	Provision of New Floors
Brothertoft Barley Sheaf ..	Provision of New Floors
Fishtoft	Repairs to Central Heating System
Sutton Bridge Senior ..	Provision of Cycle Shed
Whaplode Saracen's Head ..	Provision of Cycle Shed
Spalding Marsh	Repairs to Playground

The importance of Hygiene in the School curriculum cannot be over-estimated, in fact * "the study and practice of health must form from the first, part of the every day life of the School." The knowledge of how to live should be imparted systematically to every child in the land, and where better than at School. Every year large sums of money are expended in repairing damage to individuals, damage which in so many cases need never have occurred.

If every school child were taught to breathe through its nose, to keep its mouth, its teeth, and its alimentary tract clean, to eat sensible food at regular meal times only and to sleep long enough (10—12 hours)—a vast amount of preventable sickness and incapacity would be banished.

In connection with this subject the Chief Medical Officer of the Board of Education says:—

"A competent and well-informed teacher, steadily and consistently supported by the Local Education Authority and His Majesty's Inspectors of Schools, will ensure an effective presentation of the subject. But there are difficulties to overcome. In some places the school premises and equipment do not provide a favourable environment for health demonstration purposes, but the reverse: in many schools the teacher has not yet devoted himself to a thorough understanding of hygiene and a wise exposition and interpretation of its varied branches; in many others, for reasons which are not forthcoming, the responsible authorities seem to have allowed hygiene to be inadvertently crowded out of the curriculum, being either unappreciative of its value or unable to arrange for its proper presentation; and in some areas there is no escape from the conclusion that the subject is being neglected. These Local Education Authorities who deliberately neglect to make reasonable provision for School education in hygiene seem to me to incur a grave responsibility, and I invite such Authorities critically to review the position in their own areas."

The condition of many Schools from the point of washing accommodation, cleanliness, ventilation and heating still leaves much to be desired and makes it extremely difficult to teach the theory and practice of Hygiene when so much of the environment is directly contrary to such teaching and practice. One frequently finds in Schools collections of rubbish (old books, maps, jars, etc.) on the tops of cupboards and in corners, and the whole collection liberally coated with dust. In some cases this litter is due to insufficient cupboard accommodation but in any case the dust should be removed. Such cleansing is part of the work of the School cleaner and the responsibility of supervising such work should be definitely fixed and exercised by the person or persons concerned. Washing accommodation (including provision of sufficient soap and towels) is in many Schools hopelessly inadequate and I invite the attention of the managers to this most important point.

* Handbook of Suggestions for Teachers 1927, p.421.

Desks.

There are still far too many desks of obsolete pattern in use in the Elementary Schools in the County. I am fully aware of the cost of replacing these desks by ones of modern pattern but in view of the fact that the old desks (without a back rest) are very bad for the children who use them, the rate of replacement should be accelerated as much as possible.

The dual desk the writing surface of which should slope at $7\frac{1}{2}^{\circ}$ — 8° and which should have no foot-rest is a very satisfactory one. A back rest is of course provided and the ideal method is to have two back rests, one adjoining the seat to support the sacrum and one higher up to give support just under the shoulder blades.

The feet should rest flat on the floor and the thighs be parallel to the floor and flat in the seat. The seat should not be too wide, in fact should be such that when the child is sitting well back the lower quarter of the thigh at least should be free from pressure from the front edge of the seat. When the seat is too wide pressure in the hollow behind the knee will lead to coldness and numbness of the feet. The back edge of the desk should be either directly above the front edge of the seat or overhanging it by about 1". If there is a space between these two edges and especially if it is a wide one there is a marked tendency for the child to bend too much over the desk when writing.

When estimating the size of desk most suitable for the use of children of different sizes it should be remembered that the height of the desk seat above the ground should be approximately two-sevenths of the child's height.

I am indebted to the Director of Education for the following figures which show the numbers of modern desks and Kindergarten furniture which have been supplied to Elementary Schools in the County during the past three years.

	New Desks	Kindergarten	
		Tables	Chairs
1926	25	59	118
1927	90	40	40
1928	61	52	104

IV.—MEDICAL INSPECTION—

The following groups of children are inspected annually :—

- (a) All children, within 12 months of their entry into School ;
- (b) All children, within 12 months of attaining their eighth birthday ;
- (c) All children, within 12 months of attaining their twelfth birthday.

These are routine groups, and in addition special children, submitted by parents or teachers, are examined irrespective of age, together with all children who were absent from previous inspections, dull and backward children and those suspected of mental defect.

The Medical Officers paid 122 visits to the various School departments.

Forty-one special visits were also paid in connection with outbreaks of infectious disease, sanitary defects, etc.

All the Secondary Schools have now come within the scheme for Medical Inspection. Each School (there are six) is visited termly and all Entrants, those of fifteen years of age, re-inspection and special cases are seen by the Medical Officer.

Dr. Esther Ashworth examines the pupils in the Girls' Schools.

The figures for specials and re-examinations are also shown in Table I.

V.—FINDINGS OF MEDICAL INSPECTION—

A complete return of defects found during 1928 is shown in Table II. on page 25.

The number of children found to be unclean in head or body or both was 1,618 an increase of 212 on that for the previous year. This figure is disquieting and shows how great the need is for the teaching of the value of cleanliness.

Notices to the number of 904 were sent to parents to cleanse their children and 545 home visits were paid by the School Nurses in connection with pediculosis inspections,

Number of
Visits

Visits to
Secondary
Schools

Re-examina-
tions, etc.

Uncleanliness

The Nurses also made 33,942 examinations in the Schools during their visits for pediculosis inspections and the average number of visits paid to Schools by the Nurses in connection with this work was six.

Nutrition

Children to the number of 213 showed evidence of malnutrition. It should be noted that in quite a large number of these cases the trouble is not due to insufficient food but to an unbalanced diet. Carbohydrate i.e., bread, cake, pastry and sugars figure largely, whilst fresh fruit, vegetables and other foods rich in vitamins are omitted.

Tonsils and Adenoids

Enlargement of the tonsils only was found in 555 children but of these 80% were such as not to require operative treatment.

Septic tonsils and those showing marked hypertrophy should be subjected to operative treatment.

Forty-eight children were found to have adenoid growths, and of these 35 (72%) were in need of immediate treatment. There were 155 cases where both enlarged tonsils and adenoid growths were present and of the total number 70% needed immediate operative treatment.

Tuberculosis

Only two children were found to be suffering from pulmonary tuberculosis and both were found places in Sanatoria after consultation with the Tuberculosis Officer. 55 children were suspected to be suffering from Tuberculosis and were referred to the Tuberculosis Officer for supervision and necessary treatment. It should be added that a large number of these suspects were contacts with notified cases in adults. As the School Medical Inspectors are also Tuberculosis Officers it should not be possible now for any child of school age suffering from tuberculosis either of pulmonary or non-pulmonary type to escape detection and I think it may safely be said that very few do so.

Of the non-pulmonary type of the disease only four cases were detected (two of these were of hip disease) and in each case the necessary treatment was obtained.

External Eye Disease

Conjunctivitis and/or blepharitis was found to be present in 52 children and all except three (which were already receiving treatment) were referred for treatment. In many of these cases of minor ailments the parents show a marked reluctance to obtain treatment from their own doctor, due in many cases to the inability to pay fees. Consequently treatment is frequently undertaken by the School Nurses, with very satisfactory results.

Defective
vision and
squint.

129 children were found to be suffering from visual defect requiring expert examination by an ophthalmologist and they were consequently referred for the necessary treatment. There were however 61 children whose visual defect was too slight to require the provision of glasses and all these were referred for observation in order to ascertain whether the visual defect was of a progressive nature or not.

Forty-five children were found to be suffering from squint and 36 of these were referred for special treatment. The remaining nine who had already had glasses prescribed, were kept under observation.

Defective
hearing and
Ear Disease

These conditions were found in 42, and of this number 28 were sufficiently serious as to require treatment and were consequently referred for the same.

Defective
speech

Children to the number of 32 were found to be defective in their speech.

Mental
defects

See page 31.

VI.—INFECTIOUS DISEASE—

School
closure

The subjoined table gives full particulars as to school closure during the year. Most of the Schools so dealt with were in parts of the County where risk of contact outside school hours was very small.

School	Disease.	By Whom Closed.	From	To
Wrangle Lowgrounds ..	Whooping Cough ..	S.M.O.	19th Sept.	1st Oct.
Wrangle Lowgrounds ..	Measles	„	2nd Nov.	26th Nov.
Old Leake Church End..	Scarlet Fever & Measles	„	17th Sept.	1st Oct.
Spalding Marsh	Measles	„	12th Nov.	3rd Dec.
Gosberton Senior ..	Scarlet Fever	„	14th Nov.	31st Dec.
Gosberton Junior ..	Scarlet Fever	„	14th Nov.	31st Dec.
Quadrang Cowley ..	Scarlet Fever	„	22nd Nov.	31st Dec.
Wyberton	Diphtheria	„	27th Nov.	31st Dec.
Quadrang Fen	Scarlet Fever	„	29th Nov.	31st Dec.

Thirty-one Certificates were given where attendance at Schools had fallen below 60% owing to the prevalence of epidemic disease.

Whenever cases of diphtheria occur all contacts are examined and if necessary throat swabs are taken and all children who have suffered from the disease must show negative swabs before returning to School. The facilities now available at the County Laboratory for the examination of throat swabs have been of great use in preventing the spread of this disease in the Schools.

Visits

VII.—FOLLOWING UP—

6,528 following-up visits were paid to children in connection with defects found at routine Medical Inspections or by the School Nurses. The latter also made 33,942 examinations and 545 visits to the homes for the detection and prevention of uncleanness. The average number of visits per School in connection with this work was six, i.e. one more than during 1927.

Clinics, etc.

VIII.—MEDICAL TREATMENT—

The following table shows the cases treated by the Nurses at the School Clinics and Schools in the area. The figures in the table also include a number of cases treated in the homes by the Nurses.

Number of Cases.	Number Remedied.
Impetigo 267	234
Ringworm ... 44	44
Blepharitis ... 74	57
Otorrhœa 61	48
Other Skin Diseases 190	135
Minor Injuries, Sores, Boils, &c. 714	651

School Clinic
Spalding

Great use of this Clinic continues to be made by the Teachers in the Spalding Schools, and many minor ailments are dealt with without appreciable loss of time from School.

During the year 236 new cases were treated, making a total of 423 attendances.

Vision

Treatment for visual defects is provided by the Committee by means of Clinics held at Boston and Spalding. Arrangements were made during the year with the Education Committee of the Borough of Boston whereby combined Ophthalmic Clinics could be held in that town. By this means the Clinics can be held at more frequent intervals than has obtained hitherto.

Eight (8) clinics were held during the year, three (3) at Boston and five (5) at Spalding. A total number of 247 children was submitted for examination by the Ophthalmic Surgeon and glasses prescribed in 216 cases. The spectacles provided were paid for by parents in 188 cases. In 17 cases the cost was remitted wholly or in part, and 11 cases are standing over.

Children to the number of 157 who had had glasses prescribed on a previous occasion were re-examined.

Minor repairs and replacements to spectacles have been carried out through the School Medical Department in 40 cases.

Tuberculosis

Three hundred and ninety-six (396) visits were made by School children (207 in respect of new cases) to the Dispensaries at Boston, Spalding and Donington, for observation, diagnosis, treatment and general supervision.

Twenty children received treatment at out-county Sanatoria, nine (9) being pulmonary, and eleven (11) non-pulmonary cases.

Tonsils and
Adenoids

No treatment for these conditions was supplied by the Committee during the year, although a scheme which had been drafted for treatment within the County fell through after prolonged negotiations.

A new scheme has now been prepared whereby specialist treatment will be available at Hospitals in King's Lynn, Peterborough and Lincoln, and as soon as the formal approval of the Board of Education is received the scheme will be put into operation.

(Full particulars of the scheme are given in the appendix on page 21)

Of the children found with defects of nose and throat only 113 received treatment privately. See also table on page 31.

IX.—OPEN AIR EDUCATION—

There are no open-air schools in the County, but in many schools lessons are given in the playgrounds during the summer months.

X.—PHYSICAL TRAINING—

There is nothing further to add to my remarks on this subject in 1925.

XI.—PROVISION OF MEALS.

Sections 82—85 of the Education Act of 1921 are not administered.

XII.—SCHOOL BATHS.

There are no School Baths in the County.

XIII.—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Parents

Parents to the number of 2,291 attended at Medical Inspections, this being 36% of the total number of examinations made. The importance of the presence of parents at inspections cannot be urged too strongly. Written instructions with regard to defects found naturally cannot be of such value as a heart-to-heart talk with the parent or guardian. In fact the full value of the inspection is lost if defects found are not dealt with at once.

Teachers

I must again place on record my indebtedness to the teachers for their sympathetic co-operation in the work of the departments. Quite a large number of children obtain treatment solely due to the efforts of teachers in persuading parents.

School Attendance Officers

These officers assist to a certain extent, in bringing to the notice of the Medical Officers exceptional children who are not attending School.

Voluntary Bodies

In a certain number of cases (chiefly of uncleanness and defects of vision) the efforts of the officers of the N.S.P.C.C. have been productive of much good. During the year 45 cases were referred to the Society with the result that treatment was obtained, or conditions materially improved in most cases.

The work of these officers is of great assistance to the Local Education Authority.

XVII.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN—

Children coming within the above-mentioned categories are ascertained by the School Medical Officers, School Nurses, Teachers and School Attendance Officers.

Blind
Children

Of the seven (7) totally blind children four are attending special schools and three are at no school or institution.

Two (2) partially blind children are attending public elementary schools.

Deaf Children
(including
Dumb)

Eight (8) children come within this category and of these four are attending certified schools.

Mentally
Defective
Children

The position with regard to this class of child remains unaltered. It is absolutely impossible to find accommodation for educable defectives or for that matter ineducable ones. The result is that many of these defectives are attending Elementary Schools where their presence is in many cases anything but desirable as far as the normal children are concerned. Special accommodation for such children within the County is an urgent necessity.

DENTAL SERVICE.

The School Dental Service was inaugurated in January, 1926, and has now been sufficiently long in operation to prove beyond doubt that such a service was urgently required.

The Scheme in this area has to provide for the inspection and treatment of approximately 11,300 children distributed in the 91 Schools. The number of children comprised in the age groups at present being dealt with is approximately 4,000, of whom at present 2,000 are willing to avail themselves of treatment.

For this work only four-fifths of the School Dentist's time is available in the County. To complete the first circuit of the 91 Schools and carry out treatment for approximately 40% of the children comprised in the age group 5 to 7 years occupied sixteen months. A second circuit of the Schools was commenced in April, 1927, and an extra age group brought into the scheme, together with a re-inspection of all those children dealt with at the first inspection. At the 31st December, 1928, 69 out of the 91 schools had been visited and of these 34 had been completed for treatment. It will thus be seen that in the same period of approximately sixteen months it was only possible, owing to the inclusion of an extra age group, and an increase in the percentage of acceptance, to complete one-third of the Schools.

As indicated in my Annual Report for 1927 it was found quite impossible for the Dental Surgeon, working single-handed, to inspect annually and treat satisfactorily the children comprised in the age group 5 to 8 years, and since the percentage of acceptances has increased, the time elapsing between one inspection and the next has also increased.

The Schools being dealt with towards the end of the year have, for the most part, not been visited for two years with the result that the benefits and results of the first complete treatments have been lost and the children presenting themselves for re-treatment have, on the whole, as much to be done as on their first visits.

Although the rise in the percentages of acceptances accounts largely for the increase in time required to complete the work, it must also be pointed out that as the higher age groups are dealt with considerably more time will be required for conservative work.

The more efficient a Dental Scheme becomes the greater is its educational value. Parents, and to a more limited extent children, are well able to appreciate the value of a sound set of teeth with freedom from toothache, which may be obtained through regular attention. When such a state of denture efficiency can be brought about with relatively little inconvenience and discomfort to the child the educational value of such attention is greatly enhanced and both parents and children are more readily impressed by the value of preventive measures.

As a result of the experience gained during the past two years I am glad to record that the Education Committee has appointed an additional whole-time Dental Surgeon. This appointment will I am confident so enlarge the scope of the activities of this department that much lasting good will result.

The following table is interesting in that it shows how as the Dental Service has progressed, the cost for treating each child has steadily decreased, and the figure (13/-) for 1928 is, I understand, fairly typical of County areas throughout England and Wales.

	1926	1927	1928
Running Cost of Dental Van ..	78 12 4	88 3 11	89 8 9
Cost of Dental Materials	33 2 10	19 5 11	17 3 0
Dentist's Salary	360 0 0	360 0 0	390 0 0
Nurse's Salary	120 0 0	120 0 0	120 0 0
Nurse's Uniform Allowance ..	8 0 0	8 0 0	8 0 0
Clerk's Salary	64 0 0	70 0 0	72 0 0
	663 15 2	665 9 10	696 11 9
Amount received from Parents ..	38 14 0	42 17 0	48 16 0
	£625 1 2	£622 12 10	£647 15 9
No. of Children treated	865	884	991
*Net cost per child treated	14/5	14/1	13/-

* Each Child paid on an average two visits in order to complete treatment.

Mr. Rose, the School Dental Surgeon, reports as follows:—

The third year of the School Dental Service ended on the 31st December, 1928, and, as it represents a full period free from interruption, the statistics indicate the possibilities of the service as at present constituted.

Four-fifths of the time only is available for work in the County, this amounting to 352 sessions exclusive of administrative sessions.

43½ sessions have been given to inspections, giving a ratio of approximately one inspection to seven treatment sessions.

The number of parents who attend at inspections has fallen off, and, although this enables a greater number of children to be inspected per session, it is to be regretted, since it deprives the dentist of personally bringing to the parents notice the need of dental treatment.

The educational value of "chairside" talks, short as they are, cannot be over-estimated. When all is said and done dental treatment—or, to be more precise—dental caries and its allied conditions is one of those ills which it is hoped in the dim future to eliminate, and it is only by endeavouring to convey the knowledge of the ways and means of prevention which are at present available to those unenlightened that one can hope to combat the trouble.

The fact that parents do not come up to inspections in such large numbers, however, has not adversely influenced the number of children coming forward for treatment.

The second circuit of the Schools (commenced in April, 1927) covering the age groups 5—8 years inclusive is still proceeding, and, out of 91 schools, 69 have now been visited a second time and the necessary treatment carried out. The actual number of Schools completed during the year under review is 44.

Owing to the large number of children in the 7th and 8th year age groups who present themselves for treatment with three or four of the first permanent molar teeth needing stopping, it has been considered advisable to limit the conservative work on the temporary teeth almost exclusively to the second temporary molars; this is to be regretted, but, when due consideration is given to the magnitude of the undertaking and the ultimate object aimed at, namely, the preservation of the permanent dentition, it is considered the only feasible way of getting through the work.

As a direct result of this modification it will be noticed that the number of temporary teeth filled is very much under that shown last year, but, against this, the number of permanent teeth filled has practically doubled.

The number of children actually treated, namely, 991, should tend steadily to increase each year, and especially when it is found possible to complete a round of the Schools in a shorter period, but much increase in this number cannot be hoped for until the amount of work required per child can be reduced.

Dr. H. C. T. Langdon of the Board of Education, in a recent paper read before the Public Dental Officers Group of the British Dental Association, gave the average amount of work done per 100 children treated, taking the figures for the whole of England and Wales. These are very interesting, and, for purposes of comparison a table is appended giving Dr. Langdon's figures, and those pertaining for the year in this County. It will be seen that the average amount of work required to render 100 children reasonably dentally fit in this County is very much above the average.

The comparison must, however, be made with a very open mind since at present the Board make no differentiation between purely County work and purely town work undertaken at well fitted dental clinics ; neither is any consideration given to the length of time a dental service has been established nor to the age groups dealt with. In addition to these few points there are many others which readily present themselves to the mind and emphasise the great difficulty of arriving at any fair standard of comparison, quite apart from the personal element of the dentist himself. Dr. Langdon, in stating in his paper that, "I have long come to the conclusion that figures of this kind are apt to be very misleading," shows that he fully appreciates these difficulties, and also lays great stress on the very important principle that it is better to render one child dentally sound than two indifferently sound.

It has been the aim throughout in this County to carry out this principle, but it must be borne in mind that often factors arise which are beyond the control of the dentist, and although it is not overlooked that certain remedies are available to counteract such factors, the exigencies of the service do not permit of time being given to apply them.

The parent may allow extractions to be undertaken and then refuse fillings to be done. Invariably when this happens, the parent does not attend, but sends a message to that effect. If time permitted, the case would be followed up and the parents interviewed. Where this has been possible, good results have followed, and the general trend, as parents become more enlightened and the children less fearful of visits to the dentist, is for the work to increase.

This year over 1,200 toothbrushes have been sold, and the fees received amount to £48/16/0.

During the last two months of the year five Schools were inspected where the percentage of acceptances at the first circuit was poor. In two of these Schools the percentage has increased and in three it has dropped. This brought the average over the year down three points as shown in the annexed table, but it must be noted that the net result is that there were in these five schools 56 children coming forward for treatment against 23 in 1926.

Nurse Simpson continues to render excellent assistance of which I should like to express my keen appreciation.

I should also like to thank the Head Teachers and their Staffs, and the Health Visitors for their very generous co-operation in their endeavours to make the service popular.

**Average Amount of Work done for each 100
Children treated.**

	1	2	3
	Teeth Filled	Teeth Extracted	Permanent Teeth Extracted (included in 2)
Figures given by Dr. Langdon ..	65	214	30
Holland County (1928) ..	149	326	8

Tables of Percentages of Acceptances of Treatment.

Year	No. Inspected	No. referred for Treatment	No. of Acceptances	% referred for Treatment	% of Acceptances
1926	2523	2209	886	88	39
1927	2148	1744	890	82	50
1928	2531	2155	1004	85	47

SECONDARY SCHOOLS.

At the request of the Governing Bodies of all Secondary Schools in the County, termly medical inspections have been instituted. Although dental treatment is not available at present for pupils in Secondary Schools, ophthalmic treatment to a limited extent has been arranged. It is now possible for scholarship and free place children who have an optical defect to obtain treatment under the Council's scheme if, after consultation between the Headmaster or Headmistress and the School Medical Officer, it is found that the financial position of the parents warrant such consideration.

During the year inspections were made at the following Schools :—

- (a) Boston Grammar School (Boys).
- (b) Boston High School (Girls).
- (c) Spalding High School (Girls).
- (d) Donington Grammar School (Mixed).
- (e) Moulton Grammar School (Boys).

As in previous years the boys have been examined by myself and the girls by Dr. Esther Ashworth.

Statistics with reference to medical inspections at Secondary Schools will be found on pages 33—35

It will be seen that altogether 1,138 examinations were made during the year, a number nearly three times as great as that of the preceding year.

As I mentioned last year, the majority of the defects found are those of vision and teeth and in view of the fact that the latter defects head the list, I think it is essential that facilities for dental treatment for these children shall be available on the same terms as for elementary school children.

The subject of overwork and overpressure has been much to the fore during the past few years and it is intended during the coming year to make a special investigation into this matter.

SUMMARY OF INSPECTIONS :

Boys and Girls (all ages and including re-inspections) 1,138.

Parents were present in 174 cases which was 15% of the total examinations.

SCHEME FOR THE OPERATIVE TREATMENT OF TONSILS AND ADENOIDS.

1. Facilities for treatment under this scheme shall be available for all children attending the Public Elementary Schools under the jurisdiction of the Holland County Education Committee.

2. Operative treatment shall be carried out at either the Peterborough and District Memorial Hospital, the West Norfolk and Lynn Hospital, Kings Lynn, or at the County Hospital, Lincoln, by the Surgical Staff of these Institutions, on the following terms:—

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL.

- (a) A charge of £1/1/0 a case will be made to the Education Authority, and when the patient remains in the Institution for the night an additional sum of 10/6 will be charged.
- (b) The decision as to whether a child shall be retained for the night to rest with the operating Surgeon.

WEST NORFOLK AND LYNN HOSPITAL.

- (a) A fee of £1/11/6 per case to be paid to the Hospital by the Education Authority.
- (b) All cases to remain in the Hospital for two days.

COUNTY HOSPITAL, LINCOLN,

- (a) A fee of 10/- per case to be paid to the Hospital by the Education Authority,
- (b) Cases to be sent to the Hospital (on Friday afternoons—dates to be arranged by the Secretary-Superintendent) in batches of six or eight, and to leave the Hospital as soon as they have recovered from the anæsthetic.
- (c) Children after operative treatment will be taken to premises belonging to the Lincs. County Nursing Association in Tentercroft Street, Lincoln, by one of the Education Authority's School Nurses who will also stay with them for the night. A payment of £1/13/0 per night for as many children, not exceeding eight, who are thus lodged, will be made to the Lincolnshire County Nursing Association.

3. The County School Medical Officer shall decide as to which cases require operative treatment and arrange with the above named Authorities from time to time for the necessary treatment to be given. This operative treatment shall consist of enucleation of the tonsils.

4. Parents will be required to contribute towards the cost of their children's treatment according to financial circumstances.

5. The County School Medical Officer shall be empowered to arrange for the escort, if desirable, of children by the School Nurses, and to pay rail and omnibus fares or ambulance costs in necessitous cases.

6. All cases will be kept under daily observation for a time by the School Nurses employed by the local Education Authority, and will be followed up to ascertain the effect of treatment.

7. Accounts from the Hospital Authorities in respect of the operative treatment of Tonsils and Adenoids shall be paid by the Education Authority after certification by the County School Medical Officer.



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.					Routine Inspections		Special Inspections	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.
	Malnutrition				110	101	2	..
	Uncleanliness : (See Table IV., Group V.)				..	..	..	..
42 Skin	{ Ringworm :							
	Scalp				6	1	1	..
	Body				4	..	..	..
	Scabies				2	..	1	..
	Impetigo				18	1	3	..
	Other Diseases, Non-Tuberculous				8	9	1	..
2 Eye	{ Blepharitis				23	2	1	..
	Conjunctivitis				3	1	2	..
	Keratitis				..	..	..	..
	Corneal Opacities				..	..	..	..
	Defective Vision (excluding Squint)				118	59	11	2
	Squint				33	9	3	..
	Other Conditions				8	4	5	..
E Ear	{ Defective Hearing				6	3	..	2
	Otitis Media				15	7	1	..
	Other Ear Diseases				5	2	1	..
V Nose and T Throat	{ Enlarged Tonsils only				104	446	2	3
	Adenoids only				34	13	1	..
	Enlarged Tonsils & Adenoids				104	46	4	1
	Other Conditions				104	15	5	..
	Enlarged Cervical Glands Non-Tuberculous)				6	29	2	..
	Defective Speech				7	25	..	..
	Teeth—Dental Diseases				990	1	3	..
H Heart & C Circula- tion.	{ Heart Disease :							
	Organic				4	..	..	..
	Functional				23	135	2	2
	Anæmia				11	3	2	..
L Lungs	{ Bronchitis				35	209	2	4
	Other Non-Tuberculous Diseases				12	28	1	..

TABLE II.—*continued.*

Tuber- culosis	{	Pulmonary, Definite	..	..	2	..	..	..	
		Suspected	..	..	40	12	3	..	
		Non-Pulmonary :							
		Glands	..	..	..	..	..	..	
		Spine..	..	..	..	..	..	..	
		Hip ..	..	..	2	..	..	..	
		Other Bones and Joints	..	..	2	..	..	..	
		Skin ..	..	..	..	..	..	..	
		Other Forms	..	..	..	1	..	..	
Nervous System	{	Epilepsy	..	..	..	3	1	..	..
		Chorea ..	..	..	..	4	2	2	1
		Other Conditions	..	..	..	25	30	2	..
Deform- ities	{	Rickets ..	..	..	..	..	..	..	..
		Spinal Curvature	..	..	..	..	..	..	..
		Other Forms ..	..	..	..	28	33	5	1
		Other Defects and Diseases	..	..	122	41	17	3	

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT

(EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.						Number of Children		Percentage of Children requiring Treatment
						Inspected.	Found to require Treatment	
CODE GROUPS :—								
Entrants ..	..	..	..	..	..	1428	412	28·8
Intermediates ..	..	..	..	..	..	1365	357	26·1
Leavers ..	..	..	..	..	..	1026	134	13·0
Total (Code Groups)						3819	903	23·6
Other Routine Inspections						..	..	..

TABLE III.

Return of all Exceptional Children in the Area.

..		..		Boys.	Girls.	Total
(i) Sutable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	4	...	4		
	Attending Public Elementary Schools	..	...	...		
	At other Institutions	...	...	...		
	At no School or Institution	3	...	3		
(ii.) Sutable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind	...	...	...		
	Attending Public Elementary Schools	1	1	2		
	At other Institutions	...	...	...		
	At no School or Institution	...	...	...		
(i) Sutable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	1	2	3		
	Attending Public Elementary Schools	...	...	...		
	At other Institutions	...	...	...		
	At no School or Institution	...	2	2		
(ii.) Sutable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	...	...	...		
	Attending Public Elementary Schools	1	2	3		
	At other Institutions	...	...	...		
	At no School or Institution	...	...	...		
Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	...	...	...		
	Attending Public Elementary Schools	38	28	66		
	At other Institutions	...	...	...		
	At no School or Institution	6	8	14		
Notified to the Local Control Authority during the year.	Feeble-minded	...	1	1		
	Imbeciles	1	2	3		
	Idiots	2	1	3		
Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	...	...	...		
	In Institutions other than Certified Special Schools	...	...	...		
	Attending Public Elementary Schools	...	...	...		
	At no School or Institution	5	1	6		
Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	5	4	9		
	At no School or Institution	...	...	...		

TABLE III.—*continued.*

...	...	...	Boys.	Girls.	Total.
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	3	5
		At other Institutions	...	...	...
		At no School or Institution	...	2	2
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	3	2	5
		At other Institutions	...	...	...
		At no School or Institution	9	6	15
	Delicate children (<i>e.g.</i> , pre or latent tuberculosis, mal-nutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	98	79	177
		At other Institutions	...	...	...
		At no School or Institution	6	4	10
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	5	8
		At Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	1	5	6
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools	...	1	1
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools	40	35	75
		At other Institutions	...	...	...
		At no School or Institution	5	6	11

TABLE IV.

Return of Defects Found and Treated during the Year.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

(EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm, Scalp	30	12	42
Ringworm, Body	—	2	2
Scabies	18	3	21
Impetigo	194	40	234
Other Skin Disease	103	49	152
Minor Eye Defects—			
External and other, but excluding cases falling in Group II.	52	21	73
Minor Ear Defects	44	17	61
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	439	198	637
Total	880	342	1222

GROUP II—DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects Treated as
Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private prac- tioner or at hospital apart from the Author- ity's Scheme	Otherwise.	Total.
Errors of Refraction (including Squint)	236	11	..	247
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.)	..	..	..	..
Total	236	11	..	247

Total number of children for whom spectacles were
prescribed :

(a) Under the Authority's Scheme ... 216

(b) Otherwise 9

Total number of Children who obtained or received
spectacles :

(a) Under the Authority's Scheme ... 216

(b) Otherwise 9

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
..	31	31	82	113

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Aged:

	5.	469	
	6.	636	
	7.	633	
	8.	484	
	9.	265	
Routine Age Groups			Total 2,493
	10.	6	
	11.	—	
	12.	—	
	13.	—	
	14.	—	
Specials	...	...	38
			Grand Total 2,531

(b) Found to require treatment ... 2,155

(c) Actually treated ... 991

(d) Re-treated during the year as the result of periodical examination ... 230

(2) Half-days devoted to:—

Inspection	...	43½	Total 352
Treatment	...	308½	

(3) Attendances made by children for treatment, 1,600

(4) Fillings :—

Permanent teeth	897	Total 1,474
Temporary teeth	577	

(5) Extractions :—

Permanent teeth	77	Total 3,230
Temporary teeth	3,153	

(6) Administrations of general anæsthetics for
extractions nil.

(7) Other operations :—

Permanent teeth... ..	138	Total 728
Temporary teeth	590	

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made
during the year by the School Nurses ... 6
- (ii.) Total number of examinations of children
in the Schools by School Nurses ... 33,942
- (iii.) Number of individual children found
unclean 1,618
- (iv.) Number of children cleansed 1,112
- (v.) Number of cases in which legal proceed-
ings were taken :—
- (a) Under the Education Act, 1921 ... Nil.
- (b) Under School Attendance Bye-laws Nil.

TABLE I.

Return of Medical Inspections.

ROUTINE MEDICAL INSPECTIONS.

SECONDARY SCHOOLS.

					Total Grand Total.
A.—CODE GROUPS.					
Entrants	...	...	...	...	644
Pupils Attaining 15 years	...	...	...	...	94
					738
B.—OTHER GROUPS.					
Special Inspections	...	...	...	...	11
Re-inspections	...	...	...	...	389
					400
					1138
Parents present					174.

**RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION.
SECONDARY SCHOOLS—
TABLE II.**

Defect or Disease.					Routine Inspections		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.
	Malnutrition				26	2	..	..
	Uncleanliness :				..	..	..	..
	(See Table IV., Group V.)				..	..	..	..
Skin	{ Ringworm :							
	Scalp				..	..	..	..
	Body				..	..	..	..
	Scabies				..	..	..	..
	Impetigo				2	..	..	..
	Other diseases, Non-Tuberculous				12	..	..	..
Eye	{ Blepharitis				1	..	..	..
	Conjunctivitis				..	..	..	..
	Keratitis				..	..	..	..
	Corneal Opacities				..	..	..	..
	Defective Vision (excluding Squint)				34	45	1	..
	Squint				1	..	..	..
	Other Conditions				1	1	..	..
Ear	{ Defective Hearing				2	2	..	..
	Otitis Media				1	..	..	..
	Other Ear Diseases				1	..	..	..
Nose and Throat	{ Enlarged Tonsils only				10	42	..	..
	Adenoids only				1	2	..	..
	Enlarged Tonsils & Adenoids				..	1	..	..
	Other Conditions				9	5	..	..
	Enlarged Cervical Glands (Non-Tuberculous)				..	1	..	..
	Defective Speech				1	..	..	..
	Teeth—Dental Diseases				124	1	..	..
	(See Table IV., Group IV.)							
Heart & Circulation	{ Heart Disease :							
	Organic				..	..	..	..
	Functional				..	15	2	..
	Anæmia				7	3	1	..
Lungs	{ Bronchitis				2	5	..	..
	Other Non-Tuberculous Diseases				1	3	..	..

TABLE II.--continued.

Tuber- culosis	{	Pulmonary, Definite	..	..	..	..	..	..
		Suspected	..	..	..	..	..	..
		Non-Pulmonary :						
		Glands	..	..	..	..	..	..
		Spine	..	..	..	..	..	..
		Hip ..	..	..	..	..	..	..
		Other Bones and Joints						
		(Susp). ..	..	..	..	1	..	..
Nervous System	{	Skin	..	..	..	..	..	..
		Other Forms	..	..	..	..	..	..
		Epilepsy	..	..	..	1	..	..
Deform- ities	{	Chorea ..	..	..	..	..	..	..
		Other Conditions	..	..	..	3	..	..
		Rickets ..	..	..	..	..	..	..
	{	Spinal Curvature	..	..	..	..	1	..
		Other Forms ..	..	..	..	5	..	..
		Other Defects and Diseases	..		6	2	2	..

NUMBER OF INDIVIDUAL CHILDREN FOUND AT
ROUTINE MEDICAL INSPECTION TO REQUIRE
TREATMENT.

(EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
CODE GROUPS:—			
Entrants	644	78	10·5
Attaining 15 years	94	13	13·8
Total (Code Groups)	738	91	12·3
Other Routine Inspections	..	..	..



